

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <b>HUBERT DORCANT</b>		VOUCHER NUMBER	
3. MAG. DKT./DBR. NUMBER 04-3682	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DBR. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>US v. HUBERT DORCANT</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>	
11. OFFENSE(S) CHARGED (Title U.S. Code, Title & Section) If more than one offense, list up to five major offenses charged, according to severity of offense.  I -				

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Cathy L Waldor, Esq. Waldor & Carlesimo 2517 Highway 35, Bldg. L, Ste. 101 Manasquan, NJ 08736  Telephone Number: <u>(732) 528-5040</u>	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> P Sub For Panel Attorney  Prior Attorney's Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)	<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Sub For Retained Attorney <input type="checkbox"/> Y Standby Counsel
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)	Signature of Presiding Judicial Officer or By Order of the Court  <i>Mary Hall</i>	
	September 7, 2006 Date of Order	None Pro Tunc Date
	Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. <i>In</i>	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)				
	(RATE PER HOUR = \$ ) <b>TOTALS:</b>				
Out of	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$ ) <b>TOTALS:</b>				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)				
18.	Other Expenses (other than expert, transcripts, etc.)				
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO:	20. APPOINTMENT TERMINATION DATE If OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		

22. CLAIM STATUS  Final Payment     Interim Payment Number \_\_\_\_\_  Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this  
 YES     NO    If yes, were you paid?  YES     NO  
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES     NO    If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPROVED
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE			28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved In excess of the statutory threshold amount.	DATE			34a. JUDGE CODE